IMPLEMENTATION OF UNIVERSAL TESTING FOR SARS-CoV-2 IN PREGNANT WOMEN WITH INTENDED ADMISSION FOR DELIVERY.

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CONFLICT OF INTEREST DISCLOSURE

The authors report no conflicts of interest.
Cleveland Clinic Foundation recently implemented a policy of SARS-CoV-2 testing for all pregnant patients with planned delivery or admitted for labor at obstetric units in Ohio. We present our experience with the feasibility of testing, issues of patient autonomy and prevalence rates. In contrast to a recent report (1) on universal screening of pregnant women residing in an area of high disease prevalence, our experience derives from a population experiencing a low prevalence of active disease.

Patients with planned delivery were tested 3-5 days prior to admission using a CDC approved RT-PCR testing platform. Pre-admission testing was available at two sites. Patients presenting in spontaneous labor were tested using a rapid platform (Xpert Xpress SARS-CoV-2 (Cepheid, Sunnyvale CA)). Testing was “opt-in”. Patients who declined pre-admission testing were offered a rapid test at the time of admission.

From 5/1/15 to 5/15/2020, 518 women were admitted for delivery. All 518 had orders for testing placed. 492 results were obtained within the time frame intended for clinically relevant decision making (164 for pre-admission testing, 328 for rapid testing). Twenty-six patients did not have results available within a clinically relevant time frame (12 patient opted out, 7 presented in rapid labor with delivery less than two hours after admission, 7 patients with undetermined reason). There were 10 positive results (2.0%), only three of whom were symptomatic. Of the 10 positives identified in this testing protocol, only 2 had significant medical co-morbidities (both with BMI>30). None of the 7 asymptomatic patients developed any COVID-related symptoms or obstetric complications during the delivery hospitalization. None of the 3 symptomatic patients required medical treatment beyond standard obstetric therapies during the delivery hospitalization. Our finding that the majority of COVID-positive patients were asymptomatic is
Our finding that COVID-positive patients generally experience uncomplicated delivery and postpartum courses is similar to findings reported for a cohort from New York City (3). As experience accumulates, perinatal risks of asymptomatic infection will become clearer.

Our experience indicates that a policy of universal testing for SARS-CoV-2 prior to delivery is feasible, well accepted by patients and can be performed in a clinically relevant time frame to assist in appropriate use of PPE and assignment of hospital resources. The finding of 7 of 10 (70%) of the positive test results occurring in asymptomatic patients suggests the need for such a protocol, even in areas experiencing low prevalence of disease.


2. Khalil, A, Hill, R, Shamez L et al. SARS-CoV-2 in pregnancy: symptomatic women are only the tip of the iceberg. AJOG Journal pre-proof Accepted May 4 2020. https://doi.org/10.1016/j.ajog.2020.05.005